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PTO/SB/01 (10-00)

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PU020131 **Attorney Docket Number DECLARATION FOR UTILITY OR** KEITH ROBERT **First Named Inventor DESIGN BROERMAN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** □ Declaration ☑ Declaration Filing Date Submitted OR Submitted after Initial With Initial Filing (surcharge **Group Art Unit** (37 CFR 1.16 (e)) Filing required) **Examiner Name**

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the onginal, first and sole inventor (if only one name is listed below) or an onginal, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHOD, APPARATUS AND SYSTEM FOR SUPPORTING MULTIPLE COLLABORATIVE SESSIONS IN A BI-DIRECTIONAL COMMUNICATION DEVICE									
the specification of which	(Title of th	e Invention)			_				
☐ is attached hereto									
OR				•					
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	and	was amended on (MM/DD	mm) [(if applicable).				
I hereby state that I have review specifically referred to above.	wed and understand the conte	nts of the above identified	specification, including	g the claims as a	mended				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application		Foreign Filing Date	Priority	Certified Cop	y Attached?				
Number(s)	Country	(MM/DD/YYYY) Country	y Not Claimed	YES	NO				
					. \square				
	į								
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
ApplicationNumber(s) Filing Date (MM/DD/YYYY)									
60/372,913 April 16, 2002			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondance address						rrespondance address below			
Name JOSEPH S. TRIPOLI									
Address	Address THOMSON MULTIMEDIA LICENSING INC.								
Address	P.O. BOX 5312				-				
City				State Zi					
PRINCETON					NJ 08			08543-5312	
Country		To	elephone					Fax	
USA			09-734-6834		·-···			734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								unsigned inventor	
Given Name KEITH ROBERT Family Name BROERMAN or Surname							·		
Inventor's Keith Robert Bruman								Date March 10, 2003	
Residence: Cit	y		State	c	country		Ci	tizenship	
CARMEL			IN IN	<u>u</u>	USA			\$A	
Mailing Addres	is 13457	7 Dunes I	Drive						
Mailing Addres					<u> </u>				
City	State ZI				P Country				
CARMEL		IN		4603					
-	COND INVENT	OR:			A petition has be	en filed for	this u	unsigned inventor	
Given Name LINMEI					Family Name SHU or Surname				
Inventor's Signature Date									
Residence: Cit	ty		State	7/10	Country			Citizenship	
AUSTIN	AUSTIN TEXAS				USA CHINA			CHINA	
Malling Address 10230 Matoca Way									
Mailing Address									
City		State			Country				
AUSTIN	TEXAS				78726 USA			SA	
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Name	JOSEPH S. TRIPOLI										
Address	THOMSON MULTIMEDIA LICENSING INC.										
Address											
City State								ZIP	····		
PRINCETON						NJ			08543-5312		
Country Telephone									Fax		
USA			09-734-683						734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								unsigned inventor			
Given Name KEITH ROBERT Family Name BROERMAN or Surname								· · · · · · · · · · · · · · · · · · ·			
Inventor's Signature Date									ate		
Residence: City State					С	Country			itizenship		
CARMEL			IN		- 1	USA		u	SA		
Mailing Addres	is 1345	7 Dunes	Drive								
Mailing Addres											
City		State			ZIP	ZIP Country					
CARMEL		IN			4603						
	COND INVENT				-		····	or this	unsigned inventor		
Given Name LINMEI						Family Name SHU or Surname					
Inventor's Signature						Date 3/11/2003					
Residence: City			St	ate	C	Country			Citizenship		
AUSTIN			TE	XAS	<u> </u>	USA			CHINA		
Mailing Address 10230 Matoca Way											
Malling Address											
City		State			;	ZIP		C	Country		
AUSTIN	TEXAS				1	78726			USA		
,	Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor								
Given Name (first and middle		Family Name or Surname							
LIANGZHONG		WAN	WANG 300						
Inventor's Signature	Warrin				Date 03/12/63				
Residence: City AUSTIN	State TEXAS 1	Count		CHINA					
Mailing Address 10230 Matoca Way									
Mailing Address									
City AUSTIN	TEXAS State	ZIP	78726	Cou	USA				
Name of Additional Joint Inventor, if any:		nis unsigned inventor							
Given Name (first and middle	e [if any])		Family Name or Sumame						
Inventor's Signature				Date					
Residence: City	State	Count	ry		Citizenship				
Mailing Address									
Mailing Address									
City	State	Zip		Cou	country				
Name of Additional Joint Inventor, if any:									
Given Name (first and midd	le [if any])		Family Name or Sumame						
Inventor's Signature Date									
Residence: City State			try		Citizenship				
Mailing Address									
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